



Denise Juneau, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov

STATE CAREER AND TECHNICAL EDUCATION 2010-2011 ANNUAL APPLICATION Under 20-7-305, MCA

Due date: May 31, 2010*
Project Year: July 1, 2010 - June 30, 2011

**Return application to: Office of Public Instruction
Career and Technical Education
PO Box 202501
Helena, MT 59620-2501**

School District: _____ **LE:** _____ **CO:** _____

Instructions:

Check the career and technical education programs you propose to offer in the 2010-2011 school year.

☐ Check this box if one or more of your career and technical education programs did not receive state funding in 2009-2010.

<input type="checkbox"/>	Agricultural Education (endorsement 61)		FFA	<input type="checkbox"/>
<input type="checkbox"/>	Business Education (endorsement 72)	<input type="checkbox"/>	Marketing Education (endorsement 64)	BPA <input type="checkbox"/> DECA <input type="checkbox"/>
<input type="checkbox"/>	Family and Consumer Sciences Education (endorsement 63)		FCCLA	<input type="checkbox"/>
<input type="checkbox"/>	Health Occupations Education (endorsement 65)		HOSA	<input type="checkbox"/>
<input type="checkbox"/>	Industrial/Technology Education (endorsements 62, 68)	<input type="checkbox"/>	Trade and Industrial Ed. (endorsement 65)	SkillsUSA <input type="checkbox"/> TSA <input type="checkbox"/>

The program assessment sections of your district's (electronic) Carl D. Perkins application will also be used for your state CTE application. If your district participates in the state CTE funding program, but not in the Carl D. Perkins funding program, please contact the CTE division at (406) 444-9019 to have a paper copy of the program assessments sent to you.

The CTE specialists will review this application during the months of June - August. Please provide contact information for someone who will be able to answer questions regarding your district's career and technical education programs and/or this application form during this summer time period.

Name/Title: _____

Telephone: _____

E-mail: _____

Fax: _____

I hereby certify the accuracy of the information submitted on this form.

Signature
Designated Authorized Representative

☐ Superintendent

☐ Other _____